Connecticut Department of Social Services
Making a Difference

Testimony before the Human Services Committee
Roderick L. Bremby, Commissioner
February 10, 2015

Good afternoon, Senator Moore, Representative Abercrombie and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am the Commissioner of the Department of Social Services. I am pleased to be before you today to testify on two bills raised on behalf of the Department. In addition, I offer written remarks on several other bills on today's agenda that impact the Department.

Bills Raised on Behalf of DSS:

S.B. No. 862 (RAISED) AN ACT CONCERNING STATE PAYMENT TO CERTAIN FACILITIES FOR RESERVED BEDS

This proposal would require the Department of Social Services to pay a State Supplement recipient's benefits to a home or facility during a recipient's temporary absence, only if a bed at the home or facility would otherwise be available.

Section 17b-601 of the General Statutes provides for the direct payment of a State Supplement recipient's benefits by the Department of Social Services to the licensed residential care home or rated housing facility in which the recipient resides. Occasionally, the recipient must temporarily leave the home or facility for a short period of time. Generally, a temporary absence is due to the onset of a medical problem that requires a higher level of care at a hospital or nursing home. In those cases, the recipient is expected to be able to return to the home or facility in a relatively short period of time.

Homes and facilities rely heavily on State Supplement payments by the Department on behalf of their residents to cover their operating costs. Without continuing payment from the Department for those periods when recipients are temporarily absent, homes and facilities could not afford to keep the beds open for them upon their return. Facilities would need to admit new recipients to take their places, effectively rendering recipients who needed to temporarily leave the home or facility homeless upon discharge from the hospital or nursing home.

The current statute requires the Department's regulations to provide that DSS will continue to pay the home or facility "without regard to periods during which the recipient is absent, provided the recipient can reasonably be expected to return to the home or facility before the end of the month following the month in which the recipient leaves the home or facility." Recently, DSS was faced with a situation in which a facility was no longer habitable due to a catastrophic event.

It was impossible for anyone to live at the facility during the time that repairs were being made. During this time the Department paid other facilities to care for the recipients who were displaced during this period.

Nevertheless, the facility that was uninhabitable requested payment on behalf of the State Supplement recipients who could not live there. The home claimed that the provisions of section 17b-601 concerning payment during temporary absences entitled it to continued payment so long as the recipients were reasonably expected to return before the end of the month following the month the recipients left the home, which the home claimed was true.

The Department does not believe that the provisions of section 17b-601 concerning payment during temporary absences were intended to cover situations in which a State Supplement recipient is absent from the home or facility due to a catastrophic event or any other event that results in the recipient's bed at the home or facility being unavailable during the absence.

The Department believes that adding this clarifying language will ensure that the intent of the provisions of section 17b-601 concerning payment during temporary absences is respected.

We ask for your support of this bill.

H.B. No. 6688 (RAISED) AN ACT EXPANDING THE COMMISSION FOR CHILD SUPPORT GUIDELINES

This proposal would increase the membership of the Commission for Child Support Guidelines to thirteen from the present eleven, adding the Child Advocate, or the Child Advocate's designee, to the list of members, as well as the Director of the Bureau of Child Support Enforcement, which is the lead IV-D agency for the State of Connecticut. In addition, the proposal would require the Commissioner of Social Services to provide staffing for the administrative and regulatory responsibilities of the commission and funding, within available appropriations, for economic studies required by the commission.

The membership adjustments in the bill will help ensure that the interests of children and the State are fully protected during the guidelines review process, which generally begins about four years after issuance of amended guidelines regulations. Present commission membership includes designees to protect the rights and interests of parents, but a member specifically to address rights and interests of children is lacking. Adding the Child Advocate or the Child Advocate's designee should help ensure that the interests of children in the guidelines review process are addressed. Adding the IV-D Director for the State of Connecticut will provide the perspective of the agency responsible for ensuring that the IV-D State Plan requirements regarding the child support and arrearage guidelines are adequately addressed.

Fulfillment of State Plan requirements is important because failure to maintain an approved IV-D State Plan can result in a loss of funding for the child support program, for which the state is reimbursed 66% of its administrative costs. In FFY 2014, the federal share of expenditures for the Connecticut child support enforcement program, including incentive payments, was $38.9

million. In addition, failure to operate a child support program under an approved State Plan puts TANF (Temporary Assistance for Needy Families) block grant funds at risk. For FFY 2014, Connecticut's TANF block grant was $266.8 million.

Present law is unclear as to responsibility for staffing and funding the work of the commission. Following the regulatory process is difficult if appropriate experienced practitioners are not available to assist. Economic analysis is required to determine the costs of raising children, and a funding mechanism for such analysis, which has always been contracted out, is not specified in the law. The proposal seeks to provide clarity with regard to staffing and funding of economic studies required by the commission, requiring DSS support for future commission guidelines reviews.

The cost of a guidelines economic study has approximated $20,000, to be expended at most once every four years. The cost has been absorbed by the DSS budget in past review cycles. Staffing the regulatory process could be done within existing appropriations, using DSS personnel.

We ask for your support of this proposal.

Other Legislation Impacting the Department:

Proposed S.B. No. 795 AN ACT CONCERNING A TWO-GENERATIONAL SCHOOL READINESS AND WORKFORCE DEVELOPMENT PLAN

This bill proposes the creation of two-generational pilot programs that promote long term, economic success for low-income families. Services offered would include a specific focus on employability, sustainable employment, professional development, and programmatic linkages for child and parent.

The Department of Social Services (DSS) greatly supports the implementation of two-generational program models. Together with our sister agency, CT Department of Labor (DOL), the Department currently coordinates staff and agency resources to operate the Jobs First Employment Services (JFES) program for individuals receiving Temporary Family Assistance (TFA). The JFES program can be viewed as the beginning steps toward a two-generational model program. Various program services are offered to the TFA adults, including job skills and literacy assessment, interview guidance, job placement and adult basic education classes. However, both DSS and DOL are limited in terms of offering additional programs shaped specifically for the children within the TFA household. It is important to mention that many of our TFA adults do, however, rely on access to child care assistance from the Office of Early Childhood's Care 4 Kids program.

There has been recent information provided in the ALICE (Asset Limited, Income Constrained, and Employed) report by the United Ways of Connecticut that reviewed low-income financial hardships. The United Way raises funds annually to support community needs and often serves similar low-income individuals who access DSS and DOL services. We believe that there are United Way communities that can partner with DSS and DOL to coordinate these resources.

At this time, the Department does not have unallocated funds that can be used to pilot this program. However we are happy to work with DOL to review the prospect of a possible viable strategy within existing resources.

Proposed H.B. No. 5492 AN ACT CONCERNING WORKING PERSONS WITH DISABILITIES

This bill proposes to remove the asset test for married couples covered under the Medicaid for Employees with Disabilities program.

Currently the Medicaid for Employees with Disabilities program, also known as MED-Connect, has a $10,000 asset test for individuals and a $15,000 asset test for married couples. This asset test excludes home property, certain retirement accounts and accounts maintained for the purpose of increasing employability.

This proposal would only remove the asset test for married couples and would essentially leave the asset test for single individuals in place.

Furthermore, removing this asset test would allow those who possess significant financial resources to become eligible for Medicaid. Currently, single individuals and married couples with assets over the Department's asset limit have the option to purchase their own medical coverage through Access Health CT.

The proposed bill would treat married couples more favorably than single individuals and would allow more individuals to qualify for MED-Connect and receive services in these challenging fiscal times. Therefore we cannot support removing the asset test for married couples under the MED-Connect program.

Proposed H.B. No. 6155 AN ACT CONCERNING THE MEDICAID WAIVER APPROVAL PROCESS

This proposal would require timely notification of any planned Medicaid waiver applications or changes in Medicaid waiver programs.

Currently, the Department follows General Statute section 17b-8 as the guiding state law for implementing Medicaid waiver applications and/or changes in the waiver programs.

Connecticut statute (section 17b-8) is quite explicit in requiring the Department to submit any new waiver or amendment that is anything other than a routine operational matter to the Committees of Cognizance. Notice is statutorily required to be posted in the CT Law Journal and in addition the department posts on its web site.

The language of this bill appears to duplicate the section 17b-8 statute. Therefore the Department believes this bill is unnecessary.

Proposed H.B. No. 6156 AN ACT LIMITING THE USE OF ELECTRONIC BENEFIT TRANSFER CARDS

This bill is proposing to prohibit public assistance recipients from using electronic benefit transfer (EBT) cards outside Connecticut and the states that border it unless prior authorization is given from the Department of Social Services.

As written, this proposal would likely violate provisions of federal law. For example, federal regulations pertaining to the Supplemental Nutrition Assistance Program (SNAP) require states to maintain an EBT system that is "capable of completing . . . transaction[s] . . . across State borders nationwide." In addition, limiting the use of federal benefits to only certain states could raise constitutional concerns related to the right to travel.

It is important to also note that Connecticut SNAP recipients are required to meet state residency requirements in order to receive benefits on an ongoing basis. Accordingly, to the extent that the Department has evidence suggesting a recipient routinely uses his or her EBT card within a geographical location suggesting the recipient is no longer living in Connecticut, the Department would investigate and, if appropriate, terminate the recipient's benefits.

With regards to the Department's current technological capabilities, it would be extremely difficult to restrict the use of EBT benefits to only certain states or to only certain transactions that were granted agency preapproval.

Not only does the Department believe this proposal would greatly restrict access to essential benefits, but there would also be a significant cost to update our technology, implement and monitor such procedures.

For these reasons the Department must oppose this bill.

Proposed H.B. No. 6676 AN ACT CONCERNING THE ADMINISTRATION OF SOCIAL SERVICES PROGRAMS

This proposal requires the transfer of all new social services programs from the Department of Social Services to nonprofit community providers.

The Department is concerned with the implications of this proposal. Policy interpretation to ensure service uniformity is an integral piece of our agency. Transferring administration of new social services programs to nonprofit community providers around the state would severely jeopardize how the services were being offered to those in need.

Also, it is important to note that, as required by section 11(e)(6) of the Food and Nutrition Act of 2008 (Act) and 7 CFR 272.4(a)(2), the certification interview and final decision on eligibility determination for the Supplemental Nutrition Assistance Program is required to be administered by "merit" (state agency) personnel.

For these reasons the Department does not support this bill.

S.B. No. 851 (RAISED) AN ACT CONCERNING THE ELIGIBILITY OF CHILDREN ENROLLED IN THE HUSKY PLAN

This bill proposes to provide continuous coverage under the HUSKY Plan, Part A and Part B, for needy children under the age of nineteen who have not moved out of state.

This proposal would require the department to take advantage of a federal option that allows for the continuous enrollment of children in the medical assistance program regardless of whether the family experiences a change in income. A child who has been determined to be eligible for benefits under the HUSKY Plan, Part A or Part B would remain eligible for such plan for a period of not less than twelve months from such child's determination of eligibility unless the child attains the age of nineteen or is no longer a resident of Connecticut.

The Department recognizes the importance of continued access to health care for children and has taken steps to improve continuity of coverage. HUSKY A and HUSKY B eligibility is now supported in our shared system with Access Health CT. This allows children to seamlessly transition between HUSKY A and B. The Department has also implemented "passive renewals", which allow for automatic renewals of coverage on an annual basis when case information can be automatically verified using electronic verification sources. Recent implementation of "Reconsideration Periods", also allows individuals to complete their HUSKY renewals up to 90 days after the loss of eligibility, with benefits retroactively restored. If there is a lapse in coverage, all individuals currently can apply through our shared system with Access Health CT and receive an immediate determination of eligibility and also request up to 3 months of backdated coverage, again ensuring continuous coverage.

For these reasons, as well as the significant fiscal ramifications of this proposal, this bill cannot be supported.

S.B. No. 852 (RAISED) AN ACT CONCERNING PRESUMPTIVE MEDICAID ELIGIBILITY FOR HOME CARE

This bill would provide presumptive eligibility for applicants for the Connecticut Home Care Program for Elders.

The department appreciates and shares in the desire to ensure that individuals have prompt access to home care services; however, in its current form we do not believe this proposal is operational given the current allocation of resources and existing department processes for

determining eligibility. Additionally, we believe that this could potentially lead to additional administration and staffing costs to the program.

We are concerned that by granting presumptive eligibility, we are removing the incentive to complete the full long-term care application. Once services begin, applicants may not understand the need to still complete an application or to complete one in a timely manner in order to ensure continuity of services. It is difficult to begin receiving services and then have those services taken away if the applicant is subsequently found ineligible, rather than delay the implementation of such services to start.

The department does share in the proponent's premise of ensuring timely access to services though, and has initiated a number of measures to assist with this. For example, we designated four offices as long-term care application processing hubs. These hubs are responsible for processing all long-term care applications within a designated catchment area. The Department has also assigned a specific hub for all waiver applications. Each application is assigned to a specific worker, who serves as the point of contact. Since implementation of these hubs in late 2013, processing times for long-term care applications has dramatically improved. The Department currently reports long-term care application timeliness rate at 90.51%, including applications that remain outstanding beyond the standard of promptness (typically 45 days) for good cause. We are also currently reviewing long-term care application processing best practices within the four hubs, as well as from other states, to gain greater efficiencies.

In summary, the requirements of this bill would add multiple layers to the eligibility process in time frames that are not achievable. Also, there is the potential for significant costs to the department both for services that ultimately are not eligible for federal match because the application process was never completed, as well as the additional staffing costs to be able to complete this process.

For these reasons the Department is unable to support this bill as written. However, the Department would be willing to discuss a study within workable timeframes. The purpose of the study would be to analyze the feasibility of implementing presumptive eligibility in Connecticut in a manner that achieves the objectives of the committee and mitigates the aforementioned risks.

H.B. No. 6149 (RAISED) AN ACT CONCERNING MEDICAID COVERAGE OF TELEMONITORING SERVICES

This proposal requires the Department to add telemonitoring services to the Medicaid State Plan as an optional service.

The Department does not anticipate an increase in Medicaid funding that would enable us to add telemonitoring to existing nurse and home health aide services, and therefore cannot support this legislation.

Alternatively, if this legislation is intended as a cost savings by using less costly telemonitoring as a substitute for nurse's visits, the Department has several concerns. First, the Department is

aware anecdotally that several agencies already provide telemonitoring to Medicaid recipients at no charge to the Department. We understand these agencies offer telemonitoring not just as an added benefit to patients, but also as a cost savings to themselves because they can employ fewer nurses. The Department feels that we would have to review carefully this experience, both from a safety as well as from a cost perspective, before we could endorse it. The Department also hesitates to endorse telemonitoring as a savings because previous home health reforms (nurse delegation and med-boxes) enacted to reduce costs have not yet done so successfully.

The Department would like to invite further discussion regarding the feasibility of a study related to telemonitoring as a covered service under Medicaid.

H.B. No. 6674 (RAISED) AN ACT PROVIDING FINANCIAL RELIEF TO NURSING HOMES FOR UNCOMPENSATED CARE

This proposal provides an exemption from the resident day user fee for nursing facilities providing uncompensated care for clients pending Medicaid determination. The proposal does provide a mechanism by which the department will recover the user fees? within 30 days of the application being approved or denied and payment has been made.

The Department cannot support this proposal because additional funds would be required in the Governor's budget to account for the loss in revenue. While it is understood that the user fee payments will be paid after Medicaid is granted, it is unclear as to the fiscal impact of such a proposal. A significant level of outstanding advances could lead to a deficiency in Medicaid. Since these advance payments are not eligible for federal reimbursement, the full cost of the advances would be borne by the state General Fund. Any disruption to that determined allocation would again lead to potential deficiencies.

Additionally, the department has, and will continue to, adjust its long-term care application processes to support more timely application processing. For example, we designated four offices as long-term care application processing hubs in January. These hubs are responsible for processing all long-term care applications within a designated catchment area. Each application is assigned to a specific worker, who serves as the point of contact. Since implementation of these hubs in late 2013, processing times for long-term care applications has dramatically improved. The Department currently reports long-term care application timeliness rate at 90.51%, including applications that remain outstanding beyond the standard of promptness (typically 45 days) for good cause. We are also currently reviewing long-term care application processing best practices within the four hubs, as well as from other states, to gain greater efficiencies.

We cannot support this legislation due to the fiscal concerns described above.

H.B. No. 6675 (RAISED) AN ACT CONCERNING A DEPARTMENT OF SOCIAL SERVICES LIAISON TO MUNICIPAL OFFICIALS

This proposal would require the Department of Social Services to appoint a liaison to municipal officials to address social services concerns.

The state of Connecticut has 169 municipalities. To remove an eligibility worker from the current workflow to become a liaison to municipal officials would severely diminish the Department's administrative resources and would result in additional staffing costs for the Department to hire replacement workers.

For these reasons the Department must oppose this bill.

H.B. No. 6714 (RAISED) AN ACT CONCERNING MEDICAID FUNDING TO PROVIDE OR EXPAND PHYSICAL ACTIVITY PROGRAMS FOR PERSONS WITH AUTISM SPECTRUM DISORDER

This bill would require Medicaid funding to provide or expand physical activity programs to promote the health and well-being of persons with autism spectrum disorder.

The Department is committed to providing medically necessary services to individuals with autism spectrum disorder and recently implemented broad new coverage of a variety of services for autism spectrum disorder.

Medicaid is permitted to cover only services that meet the federal requirements for Medicaid coverage, including the federal definition of "medical assistance" in 42 U.S.C. 1396d(a) or the specific services listed for each of the waiver or state plan amendment options in 42 U.S.C. 1396n, as well as a number of provisions that apply both to state plan and waiver services. In addition, Medicaid services must also comply with the state definition of medical necessity for the Medicaid program (section 17b-259b of the Connecticut General Statutes).

However, if the service is considered "medically necessary" and is a specific part of the care plan, the Department would cover the service under these specific guidelines: the Medicaid member is under age 21, and the service is coverable under the federal Medicaid preventive services benefit category. If the situation meets all of the above criteria, then as of January 1, 2015, we already cover it under the Medicaid State Plan for all Medicaid members under age 21, as detailed in the DSS operational policy in regulation form that governs those services.

The current language in this bill states "physical activity programs to promote the physical health and well-being of persons diagnosed with autism spectrum disorder." As currently phrased, that would likely include a very broad array of programs, some of which would likely include services that are not coverable by Medicaid and/or would not be medically necessary. While the Department continues to research medically necessary autism spectrum disorder services, this research should continue from a broad perspective that includes all types of services, not just one specific type of service such as physical activity programs. For those reasons, the Department believes that this bill is far too specific in the types of services that are being contemplated, many of which are likely not coverable.

There would also likely be a fiscal impact to any new autism services, which should be analyzed in detail before proposing any new specific services.

For these reasons the Department is unable to support this bill.